

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Request to Cancel Class C Taxi Certificate

Katrina Harris DBA MEM

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ORS
T.T.W.W/W

227227
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 95 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Katrina Harris Telephone: 803-971-9705
Address: 5081 County Line Rd Fax: 848-718-1529
Ravenel S.C.
29470 Other:
Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input checked="" type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PSC SC
CLERK'S OFFICE

Request for Cancellation of Certificate

2010-95-1

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

* DATE: 12-8-10

Please consider this a request to cancel my:

- ☒ Class C Taxi Certificate ☐ Class A Restricted Certificate
☐ Class C Charter Certificate
☐ Class C Charter Bus Certificate
☐ Non-Emergency Certificate
☐ Class E Household Goods Certificate
☐ Class E Hazardous Wastes Certificate

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URS
T.T.W./W/W

My Certificate Number is 8257

MEM / Katrina Harris
(Name of Company)

DBA MEM
(If applicable)

5081 County Line Rd
(Street Address)

(Mailing Address if different from Street Address)

Ravenel SC 29410
(City, State, Zip Code)

(City, State, Zip Code)

803-971-9705
(Telephone Number)

Katrina Harris
(Signature)

Katrina Harris
(Title) Owner, President, etc.